



1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083-1027
678-676-1200

US EPA RECORDS CENTER REGION 5



443699

Board of Education
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Dr. Cheryl L. H. Atkinson

VIA CERTIFIED MAIL

RECEIPT NO.: 7011 0470 0001 1526 2720

RETURN RECEIPT REQUESTED

RECEIVED OCT 03 2012 ESSA 462

September 17, 2012

Ms. Sharon Jaffess, Chief
Enforcement and Compliance Assurance Branch
United States Environmental Protection Agency- Region 5
77 West Jackson Boulevard
Chicago, Illinois 60604-3590

Re: Request for Information Pursuant to Section 104 of CERCLA for the Texas Township Drum Site in Kalamazoo, Kalamazoo County, Michigan; CERCLIS ID: MIN000510313

Dear Ms. Jaffess:

This correspondence is in response to your "Request for Information," received by the DeKalb County School District ("School District") on May 16, 2012. The School District pledges full cooperation with your agency regarding its business with Environmental Network, Inc. ("ENI") and Chemical Assistance, Inc. ("CAI").

The School District's responses to your agency's request for information, located in Enclosure B, are as follows:

I. Identify all persons consulted in the preparation of the answers to these Information Requests.

- a) **Stephen M. Wilkins, Chief Operations Officer**
DeKalb County School District
1780 Montreal Road
Tucker, Georgia 30084
678-676-1446
Stephen_M_Wilkins@fc.dekalb.k12.ga.us

(continued on next page)

DeKalb County School District Response
Re: Texas Township Drum Site in Kalamazoo, Michigan
Page 2 of 10

DeKalb County School District
1780 Montreal Road
Tucker, Georgia 30084
678-676-1564
Steven_E_Donahue@fc.dekalb.k12.ga.us

c) Joshua L. Williams, Plumbing & Construction Director

DeKalb County School District
1780 Montreal Road
Tucker, Georgia 30084
678-676-1461
Joshua_L_Williams@fc.dekalb.k12.ga.us

d) Iguana N. Marshal, Accounting Associate

DeKalb County School District
1780 Montreal Road
Tucker, Georgia 30084
678-676-1487
Nikki_M_Marshal@fc.dekalb.k12.ga.us

e) Demeterius Blount, IAQ Coordinator

DeKalb County School District
1780 Montreal Road
Tucker, Georgia 30084
678-676-1200

f) Ronald B. Ramsey, Sr., Chief Legal Officer

DeKalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083
678-676-0181
Ronald_B_Ramsey@fc.dekalb.k12.ga.us

g) Marcee L. Campbell, Assistant Legal Officer

DeKalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083
678-676-0181
Marcee_L_Campbell@fc.dekalb.k12.ga.us

II. Identify all documents consulted, examined or referred to in the preparation of the answers to these Requests, and provide copies of all such documents.

- a) The School District's Plant Services & Operations staff reviewed archived files to locate shipping orders (See exhibits A-J attached).
 - i. **Exhibit A:** Shipping Order, signed off on by Marion Reaves, dated September 18, 1990. This document is considered to be the "Original" document and corresponds to the duplicate "Memorandum" in Exhibit B;
 - ii. **Exhibit B:** Memorandum, signed off on by Marion Reaves, dated September 18, 1990;
 - iii. **Exhibit C:** Shipping Order, signed off on by Rodney Cantrell, on or about November 7, 1990. This document is considered to be the "Original" document and corresponds to the duplicate "Memorandum" in Exhibit D;
 - iv. **Exhibit D:** Shipping Order, signed off on by Rodney Cantrell, on or about November 7, 1990;
 - v. **Exhibit E:** Shipping Order, signed off on by David Williams, on or about November 5, 1990;
 - vi. **Exhibit F:** Shipping Order, signed off on by David Williams, on or about November 5, 1990;
 - vii. **Exhibit G:** Shipping Order, signed off on by David Williams, on or about November 5, 1990;
 - viii. **Exhibit H:** Shipping Order, signed off on by David Williams, on or about November 5, 1990. This document is considered to be the "Original" document and corresponds to the duplicate "Memorandum" in Exhibit E;
 - ix. **Exhibit I:** Shipping Order, signed off on by David Williams, on or about November 5, 1990. This document is considered to be the "Original" document and corresponds to the duplicate "Memorandum" in Exhibit G; and
 - x. **Exhibit J:** Shipping Order, signed off on by David Williams, on or about November 5, 1990; This document is considered to be the "Original" document and corresponds to the duplicate "Memorandum" in Exhibit F;

- b) The School District's Plant Services & Operations staff reviewed the computer files for vendor names and payment information. The school district does not have access to, nor is the district legally required to maintain, data or computer files created in 1990.

III. If you have reason to believe that there may be persons able to provide a more detailed or complete response to any Information Request or who may be able to provide additional responsive documents, identify such persons.

DCSD staff that authorized the hazardous material transactions in 1990, and are named in the documents (exhibits A-J) are:

- a) Marion McCoy Reaves, retired from DCSD in 2008

Last Known Contact Information:

1193 Oldfield Road
Decatur, Georgia 30030
404-378-0495

- b) Rodney Cantrell, retired from DCSD in 2001

Last Known Contact Information:

1193 Oldfield Road
Decatur, Georgia 30030
404-378-0495

- c) David Williams, retired from DCSD in 2010

Last Known Contact Information:

3420 Stanford Drive
Lawrenceville, Georgia 30044
770-806-0047

- d) Mike Cunningham is listed as an "Agent" on Exhibits A-J documents. The School District does not have any employment records for a person under this name. It can be assumed that he was an agent of the hazardous material disposal company(ies).

IV. Did you ever enter into an oral or written contract or otherwise do business with either Chemical Assistance, Inc., Environmental Network, Inc., or Donald Haugen for the purpose of arranging for the storage, treatment or disposal of waste materials? If you did, please identify the following:

Yes. The DeKalb County School District utilized the services of Chemical Assistance, Inc, consigned to Environmental Network, Inc. for the purpose of arranging the storage, treatment or disposal of waste materials. Exhibits A-J demonstrate the orders that current School District staff were able to locate.

a) The persons with whom you or such other persons made such arrangements;

DCSD staff that authorized the hazardous material transactions to "Agent Mike Cunningham" in 1990, and are named in the documents (exhibits A-J) are:

Marion McCoy Reaves, retired from DCSD in 2008

Last Known Contact Information:

1193 Oldfield Road
Decatur, Georgia 30030
404-378-0495

Rodney Cantrell, retired from DCSD in 2001

Last Known Contact Information:

1193 Oldfield Road
Decatur, Georgia 30030
404-378-0495

David Williams, retired from DCSD in 2010

Last Known Contact Information:

3420 Stanford Drive
Lawrenceville, Georgia 30044
770-806-0047

b) The contact information for each person with whom such arrangements were made;

Supra.

c) Every date on which such arrangements took place:

The DeKalb County School District is aware of at least five (5) separate transactions that occurred on the following dates:

- i. September 18, 1990
- ii. November 5, 1990
- iii. November 7, 1990

d) For each transaction, the nature of the waste material or hazardous substance, including the chemical content, characteristics, physical state (e.g., solid, liquid) and the process for which the substance was used or the process which generated the substance:

i. Transaction 1 (September 18, 1990)

1. See Exhibits A & B

2. Nature of the Waste Material or Hazardous Substance, Chemical Content, Characteristics, Physical State

- a. Flammable Liquid (Hazard Class UN 1993)
 - i. Quantity: 65 lbs.
- b. Corrosive Liquid (Hazard Class UN 1760)
 - i. Quantity: 16 lbs
- c. Hazardous Waste Solid (Hazard Class ORM-E NA 9189)
 - i. Quantity: 11 lbs.

3. Substance Use

- a. The School District is unable to confirm the use of this substance as the transaction records no longer exist.

4. Process Which Generated Substance

- a. The School District is unable to confirm if a particular process generated this substance as the transaction records no longer exist.

ii. Transaction 2 (November 5, 1990)

1. See Exhibits F & J

2. Nature of the Waste Material or Hazardous Substance, Chemical Content, Characteristics, Physical State

- a. Non-Regulated Materials (No Hazard Class)
 - i. Quantity: 600 lbs.

3. Substance Use

- a. The School District is unable to confirm the use of this substance as the transaction records no longer exist.
- b.

4. Process Which Generated Substance

- a. The School District is unable to confirm if a particular process generated this substance as the transaction records no longer exist.

iii. Transaction 3 (November 5, 1990)

1. See Exhibits E & H

2. Nature of the Waste Material or Hazardous Substance, Chemical Content, Characteristics, Physical State

- a. Combustible Liquid (Hazard Class UN 1993)
 - i. Quantity: 16 lbs
- b. Corrosive Solid (Hazard Class UN 1760)
 - i. Quantity: 60 lbs.
- c. Non-Regulated Material (No Hazard Class)
 - i. Quantity: 21 lbs.

3. Substance Use

- a. The School District is unable to confirm the use of this substance as the transaction records no longer exist.

4. Process Which Generated Substance

- a. The School District is unable to confirm if a particular process generated this substance as the transaction records no longer exist.

iv. Transaction 4 (November 5, 1990)

1. See Exhibits G & H

2. Nature of the Waste Material or Hazardous Substance, Chemical Content, Characteristics, Physical State

- a. Combustible Liquid (Hazard Class UN 1993)
 - i. Quantity 670 lbs.

3. Substance Use

- a. The School District is unable to confirm the use of this substance as the transaction records no longer exist.

4. Process Which Generated Substance

- a. The School District is unable to confirm if a particular process generated this substance as the transaction records no longer exist.

v. Transaction 5 (November 7, 1990)

1. See Exhibits C & D

2. Nature of the Waste Material or Hazardous Substance, Chemical Content, Characteristics, Physical State

- a. Flammable Liquid; Ethyl Ether (Hazard Class UN 1155)
 - i. Quantity: 1 package

3. Substance Use

- a. The School District is unable to confirm the use of this substance as the transaction records no longer exist.

4. Process Which Generated Substance

- a. The School District is unable to confirm if a particular process generated this substance as the transaction records no longer exist.

e) The owner of the waste materials or hazardous substances so accepted or transported;

The hazardous materials were transported by Chemical Assistance, Inc. and Consigned to Environmental Network, Inc.

- f) The quantity of the waste materials or hazardous substances involved (weight or volume) in each transaction and the total quantity for all transactions;**

i. See above in section "d"

- g) All tests, analyses and analytical results concerning the waste materials;**

Because of the date on which the transactions occurred, this information is unknown.

- h) The person(s) who selected the Site as the place to which the waste materials or hazardous substances were to be transported;**

Because of the date on which the transactions occurred, this information is unknown.

- i) The amount paid in connection with each transaction, the method of payment and the identity of the person from whom payment was received;**

Because of the date on which the transactions occurred, this information is unknown.

- j) Where the person identified in g. above intended to have such hazardous substances or waste materials transported and all evidence of this intent;**

Because of the date on which the transactions occurred, this information is unknown. However, it is a general practice of the school district's Plant Services Department to transport all hazardous substances and waste materials to a certified treatment facility.

- k) Whether the waste materials or hazardous substances involved in each transaction were transshipped through, or were stored or held at, any intermediate site prior to final treatment or disposal;**

This information is unknown. Once the hazardous material left the property of the school district for disposal, it does not appear that any data regarding its shipment or disposal was provided to the school district.

- l) The final disposition of each of the waste materials or hazardous substances involved in such transactions;**

This information is unknown. Once the hazardous material left the property of the school district for disposal, it does not appear that any data regarding its shipment or disposal was provided to the school district.

- m) The measures taken by you to determine the actual methods, means and site of treatment or disposal of the waste material and hazardous substances involved in each transaction;**

This information is unknown. However, the DeKalb County School District utilizes a certified hazardous waste management firm to handle transport, store, and dispose of all waste materials and hazardous substances in accordance with all federal, state, and local laws and regulations.

- n) The type and number of containers in which the waste materials or hazardous substances were contained when they were accepted for transport, and subsequently until they were deposited at the Site, and all markings on such containers;**

The information regarding the transactions in question is unknown. However, currently, thirty (30) gallon drums or fifty-five (55) gallon drums and shipping documents are provided to the school district by a certified hazardous waste management firm, who contracts with the district. School District staff are responsible for marking containers onsite. The containers are surveyed and remarked if necessary by the disposal company before they are transported off of school district property.

- o) The price paid for (i) transport or (ii) disposal of (iii) or both, of each waste material and hazardous substance;**

Pricing to transport and/or dispose of each waste material and hazardous substance is calculated by container weight, material type, quantity, etc.

- p) All documents containing information responsive to (a)-(p) above, or in lieu of identification of all relevant documents, provide copies of all such documents;**

See Section II, *Supra*.

DeKalb County School District Response
Re: Texas Township Drum Site in Kalamazoo, Michigan
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- q) All persons with knowledge, information or documents responsive to questions a through p, above.**

See Section IV(a), *Supra*.

The School District has sought to answer each question presented in the Environmental Protection Agency's "Request for Information," received by the district to the best of our ability. Unfortunately, because the request involves transaction(s) occurring more than twenty years ago, many of the documents or records requested are no longer available. Please contact the Office of Legal Affairs at 678-676-0181 should you have any further questions. Thank you.

Sincerely,

/s/ ***Ronald B. Ramsey, Sr.***

Ronald B. Ramsey, Sr.
Chief Legal Officer

/s/ ***Marcee L. Campbell***

Marcee L. Campbell
Assistant Legal Officer

Enclosure/ Attachment(s)

WARNING-HAZARDOUS MATERIALS

Exhibit A

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible pencil, or in carbon and retained by the Agent. —ORIGINAL—NON NEGOTIABLE

Shipper's No. 9018

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT

FROM

Date September 18, 1990

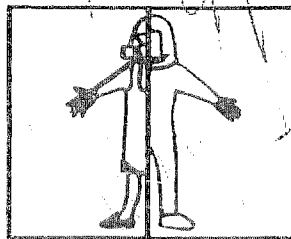
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO	<u>Environmental Network, Inc.</u>	EXEMPTION #	<u>Conditionally</u>	SEAL #	
ADDRESS	<u>63 Dixie Highway</u>	ROUTE	FINAL DESTINATION		
CITY	<u>Rossford</u>	STATE	<u>OH</u>	ZIP	<u>43460</u>
EMERGENCY CONTACT: (800) 535-6650		CAR OR VEHICLE LICENSE # <u>E 26135 NO. 4</u>			

NO. & TYPES OF PKGS	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	* "POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT" (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
7	X	Flammable Liquid, NOS	Lab Pack	Flammable Liquid UN 1993		65 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 6000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
2	X	Corrosive Liquid, NOS	Lab Pack	Corrosive Liquid UN 1760		16 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
1	X	Hazardous Waste Solid, NOS	Lab Pack	ORM-E, NA 9180		11 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	X	Non-Regulated Material	None	None			<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☒ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☒ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature _____

Title _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight.' NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____"

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____
(The signature here acknowledges only the amount prepaid)

Charges advanced: _____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

PLACARDS PROVIDED OR AFFIXED

SHIPPER'S CHECK LIST

<input checked="" type="checkbox"/> DOT LABELS APPLIED AND SECURE	<input checked="" type="checkbox"/> DOT AUTHORIZED CONTAINERS
<input checked="" type="checkbox"/> PROPER DOT NAME ON ALL PACKAGES	<input checked="" type="checkbox"/> CHECKED FOR PROPER SEALING
* IF LC50 - ENTER "POISON- INHALATION HAZARD"	
IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES	

SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montreal Road

PER _____

CITY Tucker

STATE GA 30084

NUMBER 105371

TELEPHONE (404) 934-3610

PER _____

SIGNATURE _____

PRINTED IN U.S.A.

PERMANENT POST OFFICE ADDRESS OF SHIPPER _____

2 Transportation Skills Program
243 West Main Street
Kutztown, Pennsylvania 19530
Copyright © 1989

WARNING-HAZARDOUS MATERIALS

THIS MEMORANDUM

is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. **5018**

Exhibit B

Carrier's No. _____

NAME OF CARRIER

Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

FROM

Date **September 18 1990**

AT

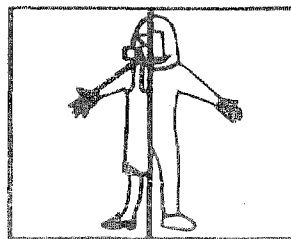
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier or all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO		Environmental Network, Inc.		EXEMPTION #	Conditionally	SEAL #
ADDRESS		63 Dixie Highway		ROUTE	FINAL DESTINATION	
CITY		Rosaford		INTERLINE CARRIER		
STATE		OH		ZIP 43460		
EMERGENCY CONTACT: (800)-535-6650				CAR OR VEHICLE LICENSE # E 26135 NO. 4		

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 45CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
7	X	Flammable Liquid, NOS	(Lab Pack)	Flammable Liquid UN 1993		65 lb	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
2	X	Corrosive Liquid, NOS	(Lab Pack)	Corrosive Liquid UN 1760		16 lb	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
1	X	Hazardous Waste Solid NOS	(Lab Pack)	ORM-E NA 9189		11 lb	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	X	Non-Regulated Material	(None)	None			<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☒ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☒ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature _____

Title _____

PLACARDS PROVIDED OR AFFIXED

SHIPPER'S CHECK LIST

<input checked="" type="checkbox"/> DOT LABELS APPLIED AND SECURE	<input checked="" type="checkbox"/> DOT AUTHORIZED CONTAINERS
<input checked="" type="checkbox"/> PROPER DOT NAME ON ALL PACKAGES	<input checked="" type="checkbox"/> CHECKED FOR PROPER SEALING
* IF LC50 - ENTER "POISON- INHALATION HAZARD"	
IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES	

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid, write or stamp here "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____ (The signature here acknowledges only the amount prepaid)

Charges advanced: \$ _____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

SHIPPER **Dekalb County Schools**

ADDRESS **1780 Montreal Road**

CITY **Tucker**

STATE **GA** ZIP **30084**

TELEPHONE **(404) 934-3610**

PER _____

PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE

PRINTED IN U.S.A.

AGENT **Mike Cunningham**

PER _____

NUMBER **105371**

3

Transportation Skills Program
243 West Main Street
Kutztown, Pennsylvania 19530
Copyright © 1989

HAZARDOUS MATERIALS

WARNING-HAZARDOUS MATERIALS

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible pencil, or in carbon and retained by the Agent. —ORIGINAL—NON NEGOTIABLE

Exhibit C

Shipper's No. 91107

Carrier's No. _____

NAME OF CARRIER

Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT

FROM

Date 11-7 1990

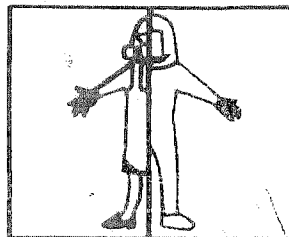
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network</u>		EXEMPTION # <u>Conditionally</u> SEAL #	
ADDRESS <u>63 Dixie Hwy</u>		ROUTE FINAL DESTINATION	
CITY <u>Russford</u>	STATE <u>OK</u>	ZIP <u>43462</u>	INTERLINE CARRIER
EMERGENCY CONTACT: <u>(800) 535-6650</u>		CAR OR VEHICLE LICENSE # NO.	

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101-49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S. SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	* "POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RO"	* WEIGHT (SUBJECT TO CORRECTION)	* "RO" VALUE & EMERGENCY RESP. GUIDE #
1	X	<u>Flammable Liquid, Ether</u>	<u>Ethyl Ether</u>	<u>Flammable Liquid</u>		<u>1#</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100
							<input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100
							<input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100
							<input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100
							<input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☐ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RO" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPERS CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature _____

PLACARDS PROVIDED OR AFFIXED

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE -Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____

SHIPPER'S CHECK LIST

DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS
PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described herein.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid)

Charges advanced: \$ _____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

* IF LC50 - ENTER "POISON- INHALATION HAZARD"

IF "RO" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES

SHIPPER De Kalb County Schools

ADDRESS 1780 Montreal Road

CITY Tucker STATE Ga

TELEPHONE 404 934-3610 PER Rodney Cantrell

PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE _____

PRINTED IN U.S.A.

AGENT Mike Cunningham

PER Rodney Cantrell

NUMBER

2

Transportation Skills Program
243 West Main Street
Kutztown, Pennsylvania 19530
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HAZARDOUS MATERIALS

WARNING-HAZARDOUS MATERIALS

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Exhibit D

Shipper's No. 71107

Carrier's No. _____

NAME OF CARRIER

Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT

FROM

Date 11-7 1970

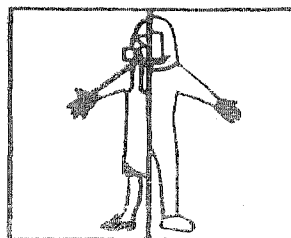
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <i>Environmental Network</i>		EXEMPTION # <i>Exempt</i> SEAL #	
ADDRESS <i>63 N. Main Hwy</i>		ROUTE FINAL DESTINATION	
CITY <i>Kassford</i>	STATE <i>Pa</i>	ZIP <i>43460</i>	INTERLINE CARRIER
EMERGENCY CONTACT: <i>(401)-532-6650</i>		CAR OR VEHICLE LICENSE # NO.	

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
1	X	<i>Flammable liquid, Ethyl Ether</i>		<i>Flammable Liquid UN 1155</i>		<i>1#</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☐ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature

Title

PLACARDS PROVIDED OR AFFIXED

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here "To be Prepaid."

Received \$_____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____ (The signature here acknowledges only the amount prepaid)

Charges advanced: \$_____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

SHIPPER'S CHECK LIST

DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS
PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING
* IF LC50 - ENTER "POISON- INHALATION HAZARD"	
IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES	

SHIPPER

The Ketch County Shocks

ADDRESS

1780 Montreal Road

CITY

Tucker

STATE

Pa

TELEPHONE

404 934-3610

PER

Edward Cantrell

PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE

PRINTED IN U.S.A.

AGENT

Mike Cunningham

PER

Edward Cantrell

NUMBER

3

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Kutztown, Pennsylvania 19530
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WARNING-HAZARDOUS MATERIALS

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. 911051

Exhibit E

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

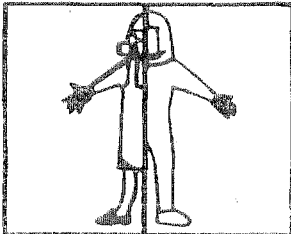
RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT _____ FROM _____ Date November 5, 1990

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network, Inc.</u>		EXEMPTION # <u>Conditionally</u> SEAL #	
ADDRESS <u>63 Dixie Highway</u>		ROUTE <u>FINAL DESTINATION</u>	
CITY <u>Rossford</u>	STATE <u>OH</u>	ZIP <u>43460</u>	INTERLINE CARRIER
EMERGENCY CONTACT: <u>(800)-535-6650</u>		CAR OR VEHICLE LICENSE # _____ NO. _____	

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
1	X	Combustible Liquid, NOS A	(Lab Pack)	Combustible Liquid UN 1993			<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
2	X	Corrosive Solid NOS B	(Lab Pack)	Corrosive Solid UN 1760			<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
1		Non-Regulated Material C	(None)	None			<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Full Face Shield <input type="checkbox"/> Protective Gloves <input type="checkbox"/> Splash Apron <input type="checkbox"/> Protective Boots		<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Air-purifying Respirator Type _____ <input type="checkbox"/> Fully Encapsulated Suit <input type="checkbox"/> Atmosphere-Supplying Respirator Type _____	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS		SHIPPERS CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		PLACARDS PROVIDED OR AFFIXED					
		Signature _____ Title _____							
"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.									
Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of consignor) _____		If charges are to be prepaid write or stamp here "To be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)		Charges advanced: \$ _____ C.O.D. charge to be paid by Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>					
				SHIPPER'S CHECK LIST <table border="1"> <tr> <td>DOT LABELS APPLIED AND SECURE</td> <td>DOT AUTHORIZED CONTAINERS</td> </tr> <tr> <td>PROPER DOT NAME ON ALL PACKAGES</td> <td>CHECKED FOR PROPER SEALING</td> </tr> </table>		DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS	PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING
DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS								
PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING								
				* IF LC50 - ENTER "POISON- INHALATION HAZARD" IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES					

SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montreal Road

PER _____

CITY Tucker

STATE GA

NUMBER

TELEPHONE (404) 934-3610

PER _____

3

Transportation Skills Program
243 West Main Street
Kutztown, Pennsylvania 19530
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PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE

PRINTED IN U.S.A.

WARNING-HAZARDOUS MATERIALS

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. 911053

Exhibit F

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

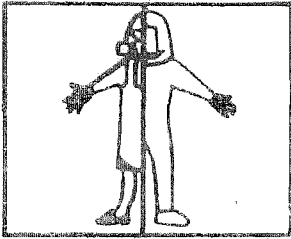
RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT _____ FROM _____ Date November 5 1990

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network, Inc.</u>	EXEMPTION # <u>Conditionally</u>	SEAL # _____
ADDRESS <u>63 Dixie Highway</u>	ROUTE _____	FINAL DESTINATION _____
CITY <u>Rosford</u> STATE <u>OH</u> ZIP <u>43460</u>	INTERLINE CARRIER _____	
EMERGENCY CONTACT: <u>(800)-5856650</u>	CAR OR VEHICLE LICENSE # _____	NO. _____

NO. & TYPES OF PKGS	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101-49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	* "POISON" & "INH. HAZARD" IF LC 50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RC"	* WEIGHT (SUBJECT TO CORRECTION)	"RC" VALUE & EMERGENCY RESP. GUIDE *
6		Non-Regulated Materials A	(Samples For Analysis)	None		600 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
		B	()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
		C	()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
		D	()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Full Face Shield <input type="checkbox"/> Protective Gloves <input type="checkbox"/> Splash Apron <input type="checkbox"/> Protective Boots		<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Air-purifying Respirator Type _____ <input type="checkbox"/> Fully Encapsulated Suit <input type="checkbox"/> Atmosphere-Supplying Respirator Type _____	WHEN "RC" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.
---	---	--	---

SPECIAL MARKINGS OR INSTRUCTIONS	SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Signature _____ Title _____	PLACARDS PROVIDED OR AFFIXED
"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.	SHIPPER'S CHECK LIST DOT LABELS APPLIED AND SECURE DOT AUTHORIZED CONTAINERS PROPER DOT NAME ON ALL PACKAGES CHECKED FOR PROPER SEALING * IF LC 50 - ENTER "POISON- INHALATION HAZARD" IF "RC" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES	
Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of consignor) _____	If charges are to be prepaid write or stamp here "To be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described herein. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)	Charges advanced: \$ _____ C.O.D. charge to be paid by Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>

SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montreal Road

PER _____

CITY Tucker

STATE GA

NUMBER _____

TELEPHONE (404) 934-3610

PER _____

3

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Kutztown, Pennsylvania 19530
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PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE

PRINTED IN U.S.A.

WARNING-HAZARDOUS MATERIALS

THIS MEMORANDUM is an acknowledgement that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record. Shipper's No. 911052

Exhibit G

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT _____ FROM _____ Date November 5, 1990

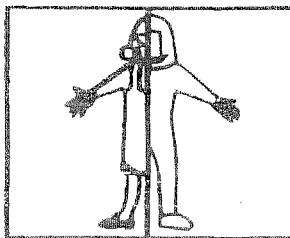
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network, Inc.</u>		EXEMPTION # <u>Conditionally</u> SEAL #	
ADDRESS <u>63 Dixie Highway</u>		ROUTE <u>FINAL DESTINATION</u>	
CITY <u>Rossford</u>	STATE <u>OH</u>	ZIP <u>43460</u>	INTERLINE CARRIER
EMERGENCY CONTACT: (800) 535-6650		CAR OR VEHICLE LICENSE # _____ NO. _____	

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RC"	"WEIGHT (SUBJECT TO CORRECTION)	"TO" NAME & EMERGENCY RESP. GUIDE #
67	A	Combustible Liquid, NOS	(Oil)	Combustible Liquid, UN 1993		670	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	B		()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	C		()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	D		()				<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☐ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RC" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature _____

Title _____

PLACARDS PROVIDED OR AFFIXED

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

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The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described herein.

Agent or Cashier _____

Per _____ (The signature here acknowledges only the amount prepaid)

Charges advanced: \$ _____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

SHIPPER'S CHECK LIST

DOT LABELS APPLIED AND SECURE	DOT AUTHORIZED CONTAINERS
PROPER DOT NAME ON ALL PACKAGES	CHECKED FOR PROPER SEALING

* IF LC50 - ENTER "POISON- INHALATION HAZARD"
IF "RC" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES

SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montrail Road

PER _____

CITY Tucker

STATE GA

NUMBER _____

TELEPHONE (404) 934-3610

PER _____

3

Transportation Skills Program
243 West Main Street
Kutztown, Pennsylvania 19530
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PERMANENT POST OFFICE ADDRESS OF SHIPPER

SIGNATURE

PRINTED IN U.S.A.

WARNING-HAZARDOUS MATERIALS

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible pencil, or in carbon and retained by the Agent. —ORIGINAL—NON NEGOTIABLE

Shipper's No. 911051

Exhibit H

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT

FROM

Date November 5, 1990

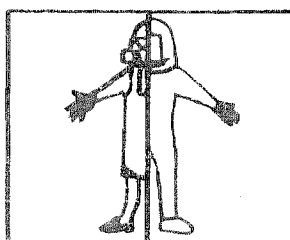
The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network, Inc.</u>		EXEMPTION # <u>Conditionally</u> SEAL #	
ADDRESS <u>63 Dixie Highway</u>		ROUTE FINAL DESTINATION	
CITY <u>Rossford</u>	STATE <u>OH</u> ZIP <u>43460</u>	INTERLINE CARRIER	
EMERGENCY CONTACT: <u>(800) 335-6650</u>		CAR OR VEHICLE LICENSE # NO.	

NO. & TYPES OF PKGS	HAZ MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSIGNEE WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
1	X	Combustible Liquid, NOS A	Lab Pack	Combustible Liquid UN 1993		16 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
2	X	Corrosive Solid NOS B	Lab Pack	Corrosive Solid UN 1760		60 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
1		Non-Regulated Material C	None	None		21 lbs	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
							<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Safety Goggles
- ☐ Full Face Shield
- ☐ Protective Gloves
- ☐ Splash Apron
- ☐ Protective Boots



- ☐ Respiratory Protection
- ☐ Air-purifying Respirator Type _____
- ☐ Fully Encapsulated Suit
- ☐ Atmosphere-Supplying Respirator Type _____

WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS

SHIPPER'S CERTIFICATION This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature _____

Title _____

PLACARDS PROVIDED OR AFFIXED

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor)

If charges are to be prepaid write or stamp here "To be Prepaid."

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____ (The signature here acknowledges only the amount prepaid)

Charges advanced: \$ _____

C.O.D. charge to be paid by Shipper ☐

Consignee ☐

SHIPPER'S CHECK LIST

DOT LABELS APPLIED AND SECURE

DOT AUTHORIZED CONTAINERS

PROPER DOT NAME ON ALL PACKAGES

CHECKED FOR PROPER SEALING

IF LC50 - ENTER "POISON- INHALATION HAZARD"

IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES

SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montreal Road

PER _____

CITY Tucker

STATE GA

NUMBER _____

TELEPHONE (404) 934-3610

PER [Signature]

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Shipper's No. 911052

Exhibit I

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

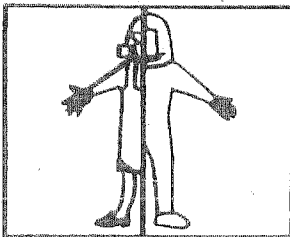
RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT _____ FROM _____ Date November 5, 1990

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said company (the word company being understood through this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shippers and accepted for himself and his assigns.

CONSIGNEE TO <u>Environmental Network, Inc.</u>	EXEMPTION # <u>Conditionally</u> SEAL # _____
ADDRESS <u>63 Dixie Highway</u>	ROUTE <u>FINAL DESTINATION</u>
CITY <u>Rossford</u> STATE <u>OH</u> ZIP <u>43460</u>	INTERLINE CARRIER _____
EMERGENCY CONTACT: (800) 535-6650	CAR OR VEHICLE LICENSE # _____ NO. _____

NO. & TYPES OF PKGS	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	*"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	*WEIGHT (SUBJECT TO CORRECTION)	"RQ" VALUE & EMERGENCY RESP. GUIDE #
67	A	Combustible Liquid, NOS	Oil	Combustible Liquid, UN 1993		670 lb	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	B						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	C						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #
	D						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG #

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Full Face Shield <input type="checkbox"/> Protective Gloves <input type="checkbox"/> Splash Apron <input type="checkbox"/> Protective Boots		<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Air-purifying Respirator Type _____ <input type="checkbox"/> Fully Encapsulated Suit <input type="checkbox"/> Atmosphere-Supplying Respirator Type _____	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.

SPECIAL MARKINGS OR INSTRUCTIONS	SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.	PLACARDS PROVIDED OR AFFIXED
Signature _____	Title _____	

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.				SHIPPER'S CHECK LIST	
Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of consignor) _____	If charges are to be prepaid write or stamp here "To be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)	Charges advanced: \$ _____ C.O.D. charge to be paid by Shipper <input type="checkbox"/> Consignee <input type="checkbox"/>	DOT LABELS APPLIED AND SECURE PROPER DOT NAME ON ALL PACKAGES * IF LC50 - ENTER "POISON- INHALATION HAZARD" IF "RQ" IN ONE CONTAINER - ENTER NAMES OF HAZARDOUS SUBSTANCE(S) IN PARENTHESES		
			DOT AUTHORIZED CONTAINERS CHECKED FOR PROPER SEALING		

SHIPPER <u>Dekalb County Schools</u>	AGENT <u>Mike Cunningham</u>
ADDRESS <u>1780 Montross Road</u>	PER _____
CITY <u>Tucker</u> STATE <u>GA</u>	NUMBER _____
TELEPHONE <u>(404) 934-3610</u>	<div style="border: 2px solid black; padding: 5px; display: inline-block;">2</div> Transportation Skills Program 243 West Main Street Kutztown, Pennsylvania 19530 Copyright © 1989
PERMANENT POST OFFICE ADDRESS OF SHIPPER _____	SIGNATURE _____ PRINTED IN U.S.A.

WARNING-HAZARDOUS MATERIALS

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Exhibit J

Shipper's No. 911053

Carrier's No. _____

NAME OF CARRIER Chemical Assistance, Inc.

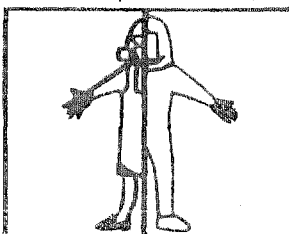
RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

AT _____ FROM _____ Date November 5, 1990

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CONSIGNEE TO <u>Environmental Network, Inc.</u>	EXEMPTION # <u>Conditionally</u> SEAL # _____
ADDRESS <u>63 Dixie Highway</u>	ROUTE _____ FINAL DESTINATION _____
CITY <u>Rossford</u> STATE <u>OH</u> ZIP <u>43460</u>	INTERLINE CARRIER _____
EMERGENCY CONTACT: (800) 5056650	CAR OR VEHICLE LICENSE # _____ NO. _____

NO. & TYPES OF PKGS.	HAZ. MAT.	PROPER DOT SHIPPING NAME AS SHOWN IN 172.101 49CFR (See back for emergency response info)	CONSTITUENTS WHEN N.O.S SHIPPING NAME USED IN PARENTHESES	HAZARD CLASS UN/NA NUMBER(S)	"POISON" & "INH. HAZARD" IF LC50. NAMES OF HAZARDOUS SUBSTANCE(S) IF "RQ"	"WEIGHT (S) SUBJECT TO CORRECTION"	"RQ" VALUE & EMERGENCY RESP. GUIDE #
6		Non-Regulated Materials	Samples For Analysis	None		600	<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
	A						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
	B						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
	C						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____
	D						<input type="checkbox"/> 1 <input type="checkbox"/> 1000 <input type="checkbox"/> 10 <input type="checkbox"/> 5000 <input type="checkbox"/> 100 <input type="checkbox"/> ERG # _____

WHERE CHECKED-USE THE PROTECTIVE EQUIPMENT AND CLOTHING IF EXPOSED TO THIS MATERIAL IN USE OR IN AN EMERGENCY <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Full Face Shield <input type="checkbox"/> Protective Gloves <input type="checkbox"/> Splash Apron <input type="checkbox"/> Protective Boots		<input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Air-purifying Respirator Type _____ <input type="checkbox"/> Fully Encapsulated Suit <input type="checkbox"/> Atmosphere-Supplying Respirator Type _____	WHEN "RQ" QUANTITY RELEASED INTO ENVIRONMENT, IMMEDIATELY NOTIFY NAT. RESPONSE CENTER - 800-424-8802 AND 911 EMERGENCY SYSTEM OR LOCAL OPERATOR.
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SPECIAL MARKINGS OR INSTRUCTIONS	SHIPPERS CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Signature _____ Title _____	PLACARDS PROVIDED OR AFFIXED
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SHIPPER Dekalb County Schools

AGENT Mike Cunningham

ADDRESS 1780 Montreal Road

PER _____

CITY Tucker

STATE GA

NUMBER _____

TELEPHONE (404) 934-3610

PER [Signature]

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